DOCUMENT RESUME

ED 319 740 SP 032 425

AUTHOR Card, Jaclyn A.; Schweer, Jean M.
TITLE A Planned Recreation Intervention Program: Its Effect on Perceived Leisure Freedom of Mentally Ill Patients.
PUB DATE 89
NOTE 6p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Institutionalized Persons; *Intervention; Leisure Time; *Mental Disorders; Recreational Activities; *Therapeutic Recreation

ABSTRACT

This study sought to determine if a specific therapeutic recreation intervention had a positive impact on the perceived leisure freedom of institutionalized mental patients. The intervention was a Christmas program involving any patients who desired to perform. Seven subjects who comprised the experimental group volunteered to participate in the program and the study. The control group were seven patients who chose not to participate in the program but completed the survey instrument. Data from the study did not support the hypothesis that there would be a significant difference between participants and non-participants on perceived leisure freedom scores. However, comments from both staff and participants were encouraging. (JD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

J. A. Card

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ED319740

CARD, Jaclyn A. and SCHWEER, Jean M.

University of Missouri-Columbia, Columbia, Missouri, USA
Fulton State Hospital, Fulton, Missouri, USA

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

A Planned Recreation Intervention Program: Its Effect on Perceived Leisure Freedom of Mentally Ill Patients

INTRODUCTION

The goal of all health care professionals should be that of aiding patients in increasing their level of independence. In the therapeutic recreation profession, the goal is for patients to move to their highest achievable level of independence in leisure behavior. In order to achieve that goal, therapeutic recreation professionals must concentrate on components of independence.

Personal competence and control are two important components of independence in leisure behavior. People need to feel as though they have some control over their environment. This includes the need to feel competent in activities in which they participate. If an individual is lacking either competence or control in a leisure activity, then the potential for independent leisure behavior may be reduced.

Institutionalization often means a loss of personal control and competence (Garrigan, 1986); reinforcement is given to passive, control-giving behaviors and, hence, patients develop dependency patterns of behavior. To reverse patterns of institutional behavior, the process of doing what one wants to do rather than what someone else thinks one should do should be encouraged. This then may lead to greater levels of independence (Rogers, 1982).

The concept of perceived leisure freedom has been explored as an element contributing to increasing levels of independent behavior (Card, 1989). Studies do show evidence of support for the positive effects of an increase in perception of competence and control on institutionalized populations (Iso-Ahola, 1988). Studies by Langer and Rodin (1976), Rodin and Langer (1977), Schulz (1976) and Schulz and Hartman Hamusa (1978) indicated that increases in perception of control for patients lead to increases in physical and psychological well-being as well as independent behavior.

As accountability in health care has become a necessity, services (including therapeutic recreation) offered to recipients must be efficacious if provision of the service is to be continued. It must be determined if the interventions therapeutic recreation specialists utilize are indeed meeting the desired outcome goals. The present

SP 032 425

BEST COPY AVAILABLE

study was implemented because there is little research to support results of specific therapeutic recreation interventions for chronic mentally ill patients. Results of studies such as the one presented may provide information to guide future programming efforts for persons receiving therapeutic recreation services.

The purpose of this study was to determine if a specific therapeutic recreation intervention had a positive impact on the perceived leisure freedom of patients. The intervention was a Christmas program involving any patients who desired to perform in the program.

METHOD

Therapeutic recreation specialists often indicate problems with how to plan activity programs that facilitate the development of competence and control for patients (Voelkl, 1986). The intervention utilized in this study was designed to provide opportunities for control over one's actions and increase competency in an activity. Pre and post-tests were used to show if the intervention did indeed have any effect on participants' feelings of perceived leisure freedom.

The following hypothesis was tested: There will be a significant difference between participants and nonparticipants on perceived leisure freedom scores. Participants will have a higher perceived leisure freedom mean than will nonparticipants.

The intervention for this study was a Christmas program staged by Fulton State Hospital patients. The program was planned so that patients could be involved in many phases even if they were not musically talented or were unwilling to perform in front of an audience. A similar project was conducted in which chronic psychiatric patients performed the play "Our Town" (Rose, 1982). Quantitative evaluation and clinical observations indicated that the subjects in Rose's study showed growth in the areas of motivation, responsibility and self-concept due to their participation in the play.

The tasks involved in preparing for the Christmas program (i.e., set building, costuming) allowed for individual expression and choice regarding level of involvement. Thus, the components of control and competence were provided.

The Christmas program was one hour long. It consisted of three skits with a choir providing singing before the program, between skits and following the program. Subjects participated in the skits and the choir. Two performances were conducted -- one in the afternoon and one in the evening. Approximately 150 people (staff, patients, family members, and the general public) attended each performance.

Seven subjects comprised the experimental group. They volunteered to participate in the Christmas program and in the study. An additional seven subjects served as the control group. They did not wish to participate in the program but were willing to complete the survey instrument.

Subjects ranged in age from 23 to 46 and had been institutionalized from two years to 19 years. Diagnoses included schizophrenia and personality disorders. Data analysis indicated no differences in age or years institutionalized between the two groups.

Six recreation employees at Fulton State Hospital were trained by the researchers on how to administer the instrument. The training consisted of an explanation of CLEIRS (Comprehensive Leisure Rating Scale) and how to answer the questions that subjects may ask during completion of CLEIRS. Only the perceived leisure freedom component of CLEIRS was used in the study. There are 28 items on the scale and scores range from 1 (never characteristics of me) to 5 (always characteristics of me). Scores range from a low of 28 to a high of 140; a higher score indicates a higher degree of perceived freedom in leisure. CLEIRS was self-administered but trained recreation employees were present to answer questions. The first testing occurred prior to beginning work on the Christmas program. The second scoring occurred one day following the program. The 14 subjects were assembled in a room at the hospital; instructions were read to the subjects by a trainer; and the subjects then completed CLEIRS.

Univariate analysis of covariance was used to determine if there was a significant difference in perceived leisure freedom between the experimental group and the control group due to the intervention. The pre-test score served as the covariate.

RESULTS AND DISCUSSION

The results produced a nonsignificant [$F(1,13)=.30$, $p=.5969$] effect of the independent variable on the dependent variable. The experimental group ($M=108.6$) did not score significantly higher on the post-test for perceived leisure freedom than did the control group ($M=103.6$). Data did not support the hypothesis that there would be a significant difference between participants and nonparticipants on perceived leisure freedom scores. The study does not support other studies concerning the effect of intervention on perceived leisure freedom (Card, 1989; Iso-Ahola, 1988). The reasons for nonsupport are varied.

The results of the study are not conclusive due to the small sample size. Efforts should be made to replicate the study using larger groups.

The intervention in this study was a special event. Thus, even though patients were given a choice on whether or not to participate in the program, the intervention (program) was time-limited rather than ongoing. The limited time involvement may have minimized potential growth in perceptions of control and competence.

Despite statistical findings, comments from staff were encouraging. Staff were surprised that the seven patients involved in the program volunteered. They seldom participated in any activity without being instructed to do so. Verbal feedback from participants was also encouraging. They expressed a desire to do another play and were very proud of their involvement in the program.

The means for both groups were relatively high. This may indicate that patients perceive themselves as having a high degree of perceived leisure freedom regardless of whether or not they participated in the program. Also, they were given a choice on whether or not they were included in the study -- either in the experimental group or the control group. This may have had an influence on their scores because choice is a component of control.

The authors are encouraged by this attempt to determine the effect of therapeutic recreation intervention. Further research must be conducted in this area. We suggest random assignment of subjects to groups, reading the instrument to the subjects and allowing more control in selection of activities. Also, ongoing intervention encouraging development of competence and control should be implemented. Only through therapeutic recreation research efforts will we be able to determine if patients are achieving their highest level of independence.

REFERENCES

Card, J.A. (1989). Perceived leisure functioning of nursing home patients: Does recreation make a difference? Activities, Adaptation and Aging, 13(1/2), 29-40.

Garrigan, S.S. (1986). "Who did you used to be?" The psychological process of aging's impact on institutionalization: Implications for activities. Activities, Adaptation and Aging, 8(3/4), 75-78.

Iso-Ahola, S.E. (1988). Research in therapeutic recreation. Therapeutic Recreation Journal, 22(1), 7-13.

Langer, E., & Rodin, J. (1976). The effects of choice and enhanced personal responsibility for the aged: A field experiment in an institutionalized setting. Journal of Personality and Social Psychology, 34, 191-198.

Rodin, J., & Langer, E.J. (1977). Long term effects of a control-relevant intervention with the institutionalized aged. Journal of Personality and Social Psychology, 35, 897-902.

Rogers, J.C. (1982). The spirit of independence: The evolution of a philosophy. The American Journal of Occupational Therapy, 36(11), 709-715.

Rose, S. (1982). Producing Our Town: Therapeutic theater in a psychiatric hospital. Hospital and Community Psychiatry, 33 (12), 1018-1020.

Schulz, R. (1976). Effects of control and predictability on the physical and psychological well-being of the institutionalized aged. Journal of Personality and Social Psychology, 33, 563-573.

Schulz, R., & Hartman Hamusa, B. (1978). Long-term effects of control and predictability-enhancing interventions: Findings and ethical issues. Journal of Personality and Social Psychology, 36, 1194-1201.

Voelkl, J.E. (1986). Effect of institutionalization upon residents of extended care facilities. Activities, Adaptation and Aging, 8(3/4), 37-45.